

TMH PHYSICIAN PARTNERS

MATERNAL-FETAL MEDICINE

To Our Patients:

Under the Patient Self-Determination Act, Florida Statute 765, we are required to provide information to you regarding Health Care Advance Directives. It is your right under law to accept or refuse medical care. Advance Directives can protect this right if you ever become mentally or physically unable to choose or communicate your wishes due to an accident or an illness.

An Advance Directive is any instruction you give relating to the provision of healthcare in the event you become unable to make your own decisions. Examples of Advance Directives include: Living Will; Durable Power of Attorney; Appointment of a Healthcare Surrogate. When using Advance Directives, you protect your right to make medical choices that can affect your life; your family can avoid the responsibility and stress of making difficult decisions; and your physicians will have guidelines for providing your care.

Living Wills are written instructions that explain your wishes regarding healthcare should you have a terminal condition such as cancer, Alzheimer's disease, etc. They are called Living Wills because they take effect while the patient is still alive.

A Durable Power of Attorney for Healthcare allows you to name a person (called a surrogate/proxy) to make decisions for you if you become unable to do so. Also, in the Power of Attorney, you may list the healthcare decision that you desire concerning life-prolonging care, treatment, services and procedures, as well as special provisions and limitations. These life-prolonging measures may include cardiopulmonary resuscitation, intravenous therapy, feeding tubes, respirators, dialysis, pain relief, Do Not Resuscitate orders, and organ donation.

A Healthcare Surrogate (proxy) is a person you choose to make healthcare decisions for you if you are not able to do so for yourself. This person should be someone who knows your wishes and who will make decisions on what he/she believes you would want.

Once you have completed your Advance Directive, please discuss the details of the directive with your physician, family members, minister, surrogate and/or close friends. Make sure your surrogate has a copy of your Advance Directives, place a copy in the glove compartment of your car and give copies to those whom you feel should know.

If an emergency takes place in our office your Advance Directive would not immediately be honored because it is not possible in an emergency situation to determine your chance of survival or recovery. We would call 911 and begin our emergency procedures. However, once you have reached the ER or hospital where a better determination of your condition can be made, your Advance Directive would then be honored.

If you need help in preparing Advance Directives or if you would like more information you may contact a lawyer, your State Attorney General's office, Hospitals, Hospices and Long-Term Care Facilities. You may also seek information and assistance from the Risk Management Department at Tallahassee Memorial HealthCare by calling (850) 431-5364.

Patient Name: _____ DOB: _____

PRENATAL GENETIC QUESTIONNAIRE:

1. Will you be 35 years or older when the baby is due? Yes / No
2. Have you, the baby's father or anyone in either of your families ever had any of the following disorders:
 - Down Syndrome (Mongolism) Yes / No
 - Other chromosome abnormality Yes / No
 - Spina bifida or anencephaly Yes / No
 - Hemophilia Yes / No
 - Muscular Dystrophy Yes / No
 - Cystic Fibrosis Yes / No
3. Do you or the baby's father have a birth defect? Yes / No
4. Have you or the baby's father had a child with a birth defect? Yes / No
5. Are there any relatives with mental retardation? Yes / No
6. Do any family members have birth defects? Yes / No
7. Have you or the father of the baby had a stillborn child? Yes / No
8. Have you or the father of the baby had ≥ 3 pregnancy losses? Yes / No
9. Are there any known inherited disorders in the family? Yes / No
10. Are you or the baby's father of Jewish ancestry? Yes / No
If "Yes", have either of you been screened for Tay-Sachs or Canavan disease? Yes / No
11. Are you or the baby's father of African-American ancestry? Yes / No
If "Yes", have either of you been screened for sickle cell trait? Yes / No
12. Are you or the baby's father of Asian or Philippine ancestry? Yes / No
If "Yes", have either of you been screened for thalassemia? Yes / No
13. Excluding iron and vitamins, have you taken any medications or recreational drugs in this pregnancy? Yes / No

Patient's Signature: _____

Date: _____